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The purposes of performing psychological evaluations on workers compensation claimants include the following:

1. To determine if a claimant is suffering a diagnosable mental condition (examples would include, but not be limited to anxiety, depression, or post-traumatic stress disorder), and whether the condition is directly traceable to the physical injury.
2. The report could be used to petition the administrative law judge for care and treatment if the psychological condition is directly traceable to the physical injury. Further, this care and treatment may benefit the worker by improving their potential to return to work in a timely fashion.
3. Psychological conditions can be rated under A.M.A. 4th Edition, and ratable conditions are whole body impairment ratings. Psychological/psychiatric impairments are combined with all other impairments and may result in whole body impairments, as they potentially affect a person's ability to work.
4. A psychological evaluation may also determine whether or not the worker is temporarily or permanently disabled.

Although there are many different psychological diagnoses associated with WC injuries, in my clinical experience, the majority falls in the following categories:

A. Depression
B. Anxiety
C. Post-traumatic stress disorder

Depression:

Within the diagnostic category of Depression, diagnoses are generally based on symptom severity and duration (DSM-IV-TR, American Psychiatric Association, 2000). Following is a list of depression diagnoses, in an informal continuum format, that may be seen in a variety of WC- related mental health settings:

309.0 Adjustment Disorder with Depressed Mood (reactive depression). To earn this diagnosis, emotional or behavioral symptoms related to an identifiable stressor must occur within three months, and must produce marked distress in

excess of what would normally be expected, and produce significant impairment in social or occupational functioning.

300.4 Dysthymic Disorder, Late Onset. Similar to Adjustment Disorder with Depressed Mood, but persisting for more than two years.

311 Depressive Disorder, Not Otherwise Specified. Includes episodes of depression that do not meet the criteria for Adjustment Disorder with Depressed Mood, Dysthymic Disorder, Late Onset, or Major Depressive Disorder.

296.2x Major Depressive Disorder (single episode or recurrent). Implies being depressed most of the day, on a daily basis, with no enjoyable activities, weight and appetite disturbance, sleep disturbance, fatigue and loss of energy, feelings of worthlessness, difficulty thinking and concentrating, suicidal thoughts or actions.

In addition to the general symptoms enumerated under 296.2x Major Depressive Disorder, above, the following are generally viewed as symptoms of depression:

Tearfulness
Gastric distress (nausea, vomiting, constipation, diarrhea, etc.)
Self-isolation
Diminished or absent libido
Feelings of guilt/failure
Feeling hopeless about the future
Psychotic features, such as hallucinations and delusions, when depression is unusually severe

Anxiety:

309.24 Adjustment Disorder with Anxiety. This diagnosis is similar to Adjustment Disorder with Depressed Mood, with the difference being that the predominant symptoms are anxiety-related.

293.84 Anxiety Disorder Due to General Medical Condition. With this diagnosis, anxiety, panic, or obsessive-compulsive symptoms predominate, and cause significant impairment in social, occupational, or other important areas of functioning.

300.02 Generalized Anxiety Disorder Excessive anxiety and worry with pronounced symptoms for more than six months, causing significant impairment in social, occupational, or other important areas of functioning.

300.00 Anxiety Disorder, Not Otherwise Specified. This diagnosis is reserved for clusters of symptoms that do not meet the diagnostic criteria associated with the above-listed disorders, but where anxiety is the predominant feature.

300.01 Panic Disorder Without Agoraphobia. This diagnosis is used when a patient has recurring discreet episodes of panic that include heart palpitations, profuse sweating, shaking, shortness of breath, chest pain, nausea, dizziness, derealization/depersonalization, feelings of "going crazy", parasthesias, chills or hot flashes. These are typically brief episodes, lasting 10-15 minutes.

The following list of symptoms is often associated with various anxiety disorders:

"Nervousness"
Generalized fear
Tics, twitches, trembling
Shortness of breath
Pounding heart
Profuse sweating
Nausea, vomiting
Passing out, fainting
Obsessive-compulsive symptoms (usually washing, checking)
Feelings of "going crazy" or having a heart attack

309.81 Post-Traumatic Stress Disorder: PTSD is classified in the DSM-IV-TR as an anxiety disorder with detailed diagnostic criteria. These include, in general, exposure to a significant traumatic event, the traumatic event is persistently reexperienced through memories, dreams and flashbacks, and pronounced efforts to avoid any stimuli associated with the trauma.

AMA Guides ratings (4th Edition, 1993):

Chapter 14, Mental and Behavioral Disorders contains a table entitled "Classification of Impairments Due to Mental and Behavioral Disorders". It lists five classes of impairment, ranging from no impairment, to extreme impairment. No percentage of impairment is associated with these classes, and the authors state, "The use of percentages implies a certainty that does not exist, and the percentages are likely to be used inflexibly by adjudicators". This statement suggests that the use of percentages in medical domains has a better level of certainty, but I am not convinced that this is true, and I have seen no published empirical evidence to support this assertion.

In any case, extrapolation of the 4th Edition to the 2nd Edition, where Percentages of Impairment (Evaluation of Psychiatric Impairment) are listed, is commonly done.